

our forces regularly. President Hamid Karzai is frequently forced to negotiate with warlords who control private armies in the tens of thousands. Opium production is at a record level, and is being used to finance terrorism and fund private militias. Our troops there are in greater danger.

No. 8, we have alienated long-time friends and leaders in other nations we heavily depend on for intelligence, for apprehending terrorists, for shutting off funds to al-Qaida, and for many other types of support in the ongoing war against international terrorism. Mistrust of America has soared throughout the world. We are especially hated in the Muslim world. In parts of it, the bottom has fallen out.

Sadly, we remember the goodwill that flowed to America in the aftermath of September 11, and we know we should never have squandered it.

No. 9, our overall military forces are stretched to the breaking point because of the war in Iraq. As the Defense Science Board recently told Secretary Rumsfeld:

Current and projected force structure will not sustain our current and projected global stabilization commitments.

LTG John Riggs said it clearly:

I have been in the Army 39 years, and I've never seen the Army as stretched in that 39 years as I have today.

And as our colleague Senator McCain warned last month, if we have a problem in some other flash point in the world:

It's clear, at least to most observers, that we don't have sufficient personnel.

No. 10, the war in Iraq has undermined the basic rule of international law that protects captured Americans. The Geneva Conventions are supposed to protect our forces, but the brutal interrogation techniques used at Abu Ghraib prison in Iraq have lowered the bar for treatment of POWs and endangered our soldiers throughout the world.

No. 11, while President Bush has been preoccupied with Iraq, not just one but two serious nuclear threats have been rising: North Korea and Iran. Four years ago, North Korea's plutonium program was inactive. Its nuclear rods were under seal. Two years ago, as the Iraq debate became intense, North Korea expelled the international inspectors and began turning its fuel rods into nuclear weapons. At the beginning of the Bush administration, North Korea was already thought to have two such weapons. Now they may have eight, and the danger is greater.

Iran too is now on a faster track that could produce nuclear weapons. The international community might be more willing to act if President Bush had not abused the U.N. resolution on Iraq 2 years ago, when he took the words "serious consequences" as a license for launching his unilateral war in Iraq.

No. 12, while we focused on the non-existent nuclear threat from Saddam, we have not done enough to safeguard

the vast amounts of unsecured nuclear materials elsewhere in the world. According to a joint report by the Nuclear Threat Initiative and Harvard's Managing the Atom Project, "scores of nuclear terrorist opportunities lie in wait in countries all around the world," especially at sites in the former Soviet Union. How loudly does the alarm bell have to ring before President Bush wakes up?

No. 13, the neglect of the Bush administration on all aspects of homeland security because of the war is frightening. We are pouring nearly \$5 billion a month into Iraq, yet we are grossly shortchanging the urgent needs to strengthen our ability to prevent terrorist attacks here at home and to strengthen our preparedness should they occur.

As former Republican Senator Warren Rudman, chairman of the Independent Task Force on Emergency Responders, said recently:

Homeland security is terribly under-funded, and we cannot allow that to continue.

You cannot pack all these reasons why America is not safer into a 30-second television response ad or a news story or an editorial. But as anyone who cares about the issue can quickly learn, our President has utterly no credibility when he keeps telling us that America and the world are safer because he went to war in Iraq and rid us of Saddam.

President Bush's record on Iraq is clearly costing American lives and endangering America and the world. Our President will not change or even admit how wrong he has been and still is. Despite the long line of mistakes and blunders and outright deception, there has been no accountability. As election day grows closer, the buck is circling more and more closely over 1600 Pennsylvania Avenue. Only a new President can right the extraordinary wrongs of the Bush administration on our foreign policy and national security.

On November 2, when we ask ourselves the fundamental question whether President Bush has made us safer, there can be only one answer: No, he has not. That is why America needs new leadership. We could have been, and should have been, much safer than we are today.

We cannot afford to stay this very dangerous course. As I have said before, the only thing America has to fear is 4 more years of George Bush.

I withhold the remainder of the time.

The PRESIDING OFFICER (Ms. MURKOWSKI). Without objection, the remainder of the time is reserved.

The Senator from Iowa.

MEDICARE

Mr. GRASSLEY. Mr. President, just over 10 months ago, we passed a bipartisan bill called the Medicare Modernization Act dealing more with the prescription drug issue than anything else. But regardless of what you want

to call it, it is the most sweeping improvement in Medicare since its creation. The Medicare Modernization Act delivered on a promise, a promise to provide beneficiaries a much needed prescription drug benefit and to revitalize Medicare so beneficiaries can receive quality care and benefits into the future with no sunset.

The Medicare bill passed with the support of a bipartisan coalition and more than 300 organizations ranging from the AARP to the U.S. Chamber of Commerce. Advocacy groups that did not necessarily support the bill then went on to form an organization called the Access to Benefits Coalition. They worked after passage of the MMA to ensure that low-income beneficiaries enroll in the Medicare drug card and get the real assistance to which every senior is entitled.

Still, on the floor of the Senate, we hear partisan attacks against this Medicare bill, continuing yet 10 months since it was signed into law. This is much to the consternation of organizations such as the Access to Benefits Coalition, which is saying that partisanship ought to be set aside and we ought to concentrate on getting people into the benefits that are in the program, even if you don't necessarily agree with the legislation.

Week after week, month after month, we have heard attack after attack against this Medicare bill. This is despite the fact that study after study shows the drug card program, for example—and that is only a small part of this most comprehensive improvement in Medicare in its 38-year history—is delivering real savings to beneficiaries.

As I listen to these attacks, I am reminded that it is always easier to tear down than to build. But if you tear something down, it seems to me those tearing it down ought to have something to replace it. So what was their plan? I haven't heard about a plan for the future, so I have to look back. What were they suggesting at that time when they had an alternative plan? And this was when the Democratic Party controlled the Senate. They did have a plan to offer, but the Democratic leader bypassed the Finance Committee, where we developed bipartisanship, to bring their proposal to the floor because they didn't want a bipartisan program. They wanted their own program. They knew they couldn't get their own program. They wanted an issue for the 2002 election rather than a product.

This alternative was drafted by Senator GRAHAM and Senator KENNEDY. Their bill was S. 2625. It had 30 Democratic cosponsors, including the Democratic leader. They offered two proposals as amendments on the Senate floor. Fifty Democrats voted in favor of the first proposal. Forty-five Democrats supported the second, which, I might add, was worse than the first. The Democratic Leader as well as Senator KENNEDY and Senator KERRY supported both of these Democratic proposals.

In stark contrast with the bill that the President signed last December, the Democratic proposal, Graham-Kennedy, had a drug benefit that was not permanent. Our legislation is permanent. That is right. Their proposal would have ended at about the time baby boomers were beginning to retire. What a promise: Prescription drugs, and in 2010 you have nothing.

Chart No. 1 has the language of one section of their legislation. I read:

No obligations shall be incurred, no amounts shall be appropriated, and no amounts expended, for expenses incurred for providing coverage of covered outpatient drugs after December 31, 2010.

You can't be clearer than that. Seniors and individuals with disabilities deserve better than the false hopes of a drug benefit that expires after 6 years. But that is exactly what the first Graham-Kennedy amendment did. It simply rode off into the sunset after 2010, just at the very time that 77 million baby boomers start to retire. The fact that the Graham-Kennedy proposal offered a drug benefit that ended 6 years after it started ought to be unbelievable. You would never think that Senators would think of doing something like that—false promises, a costly program for a few years, and then it ends. But they sunset the benefit to hide the true cost of their proposal. At the time the Congressional Budget Office said it would cost over \$100 billion each year to extend the Graham-Kennedy drug benefit past the sunset, \$100 billion a year, and they had no plan to pay for this enormous cost.

To make their drug benefit permanent, Congress would have had to cut all other Government programs by more than 10 percent or increase taxes on all working Americans by an amount equal to 2 percent or greater. That is the same as a tax increase of around \$1,500.

Besides vanishing in 2010, under the first Graham-Kennedy amendment, the Government could limit beneficiaries to just a single one-size-fits-all plan. The Secretary of Health and Human Services could have simply decided that you could get your coverage through that one plan—period, no choice.

Even more amazing, the first Graham-Kennedy amendment proposed a drug benefit that could only cover up to two brand name drugs in any therapeutic category. What does that mean? It means if your doctor prescribed a different brand name drug and it is not on the preferred list, then you don't get the plan to pay for it.

I will give you some examples. Let's take high cholesterol. There are more than eight well-known brand drugs to lower cholesterol. The single Government plan under Graham-Kennedy could pick Lescol. Say your doctor prescribes Mevacor. Well, you would get no coverage at all. This scenario could have been repeated for arthritis, high blood pressure, any other chronic condition that many beneficiaries have.

Does that sound like a plan that is incredibly fair? No. Well, that is the plan, and it is far more restrictive than what the private plans offer today. Certainly the new Medicare law has no such requirement.

The first Graham-Kennedy amendment also set co-payment amounts in law—\$10 for generics, \$40 for brand drugs. To offer a lower copayment, the plan again had to ask for the Secretary's approval, a bureaucrat in the seniors' medicine cabinets for sure, not something that you are going to see under the bill that the President signed last December.

In addition, just like thousands of drugs could have been shut out, Graham-Kennedy could have shut out thousands of pharmacies because it told the Government to set up a preferred pharmacy network under that one Government plan, and the Secretary had to establish the pharmacy access standards. In contrast, the bill the President signed set strict rules about pharmacy access to make sure that plans include beneficiaries' neighborhood pharmacies in their networks.

So under their plan, there was one choice, with one formulary and one pharmacy network that may or may not cover the drugs beneficiaries need or allow them to use a pharmacy they want. Take it or leave it.

Under Graham-Kennedy, that outcome was the strong possibility facing beneficiaries who have waited long enough for a prescription drug benefit. The MMA established a good program that the President signed last December.

When I think about the Graham-Kennedy prescription for drug coverage, I cannot help but think of those little warning labels that you sometimes find on the side of your prescription bottle. In this case, it should have said this: Warning. This Graham-Kennedy plan may not help you at all because if you take a non-preferred drug, it won't be covered. You will only be guaranteed "reasonable" access to a pharmacy, and the Government will determine what is reasonable. Worst of all, if you need drug coverage after December 31, 2010, there won't be any plan for you or for anybody else.

Again, 50 Democrats, including Senator KERRY, supported this.

When that amendment failed, Senator GRAHAM and Senator KENNEDY came up with an alternative which, hard to believe, was worse. Most seniors would not have even gotten a basic prescription drug benefit under the second Graham-Kennedy plan because it wasn't a universal benefit. And we have a universal benefit signed by the President of the United States.

So that's right, under the Democratic plan, the proposal did not offer a basic drug benefit to 70 percent of the seniors who had incomes above 200 percent of the Federal poverty level at that time.

Seniors across the country would have been left behind. Let me show

you. In my State of Iowa—and I am saying this to Iowans if the plan passed by the President doesn't fit just right, it is voluntary, so if they don't want to do it, they don't have to. But under the proposal offered the year before by the Democrats, 64 percent of the people in my State would not have had any basic program whatsoever; 67 percent left behind in Arizona; 72 percent left behind in Washington; and 70 percent left behind in Colorado.

The second Graham-Kennedy amendment violated a fundamental tenet of Medicare—and that is a tenet of the legislation we passed—that it be universal. They called for disqualifying any beneficiary who earned \$1—just \$1—more than 200 percent of the Federal poverty level. So \$1 was the difference between eligibility and ineligibility for this basic coverage.

Under the bill that the President signed, all Medicare beneficiaries are eligible to participate on a voluntary basis in the Medicare prescription drug benefit.

There is also a big gap in coverage. We also have been hearing from opponents of the bipartisan bill that passed the Congress and was signed by the President, about the gap in coverage. They refer to it as the donut hole.

Again, looking at their second attempt—we have it here. After looking at this plan that was put forth, my only conclusion is that this concern about a gap is newly found because most beneficiaries would not have received any basic coverage under their plan. To qualify for catastrophic coverage, a beneficiary would have to pay \$3,300 out of pocket.

Talk about a hole. The majority of beneficiaries would not even get a donut.

The Congressional Budget Office estimated that 66 percent of seniors would not meet their catastrophic coverage threshold in 2005.

For a beneficiary who would meet the threshold, and based on average spending, it would take about 10½ months—sometime around Thanksgiving Day—to get any help under the catastrophic benefit.

You know that what most beneficiaries got under the second Graham-Kennedy plan is a 5-percent discount off of their drug costs until they spent \$3,300. And they proposed setting the 5 percent discount in law.

I might add that 5 percent is much less than discounts available under the Medicare-Approved Drug Discount Card Program.

Study after study is showing higher discounts. A recent study by the Centers for Medicare and Medicaid Services (CMS) showed discounts of 12 to 21 percent, and in many instances, even more. Competition among the card sponsors is leading to higher discounts for beneficiaries.

So much for the idea that direct Government involvement rather than market competition would get beneficiaries a better deal.

That is not the end. On top of all this, the last version of Graham-Kennedy did not even really offer a Medicare drug benefit because states would have administered it under their Medicaid programs.

An analysis conducted by the Centers for Medicare and Medicaid Services at that time showed that many States would have had to shoulder a sizable new financial burden if the Graham-Kennedy plan passed—a \$70 billion unfunded mandate.

Arizona, Arkansas, California, Colorado, Iowa, Louisiana, Montana, Oregon, South Dakota, Washington, and West Virginia were among the hardest hit States.

At a time when States were already struggling, the second Graham-Kennedy approach would have left them with few other avenues except raising taxes to implement the drug benefit.

So while the opponents of the new Medicare drug benefit have been here on this Senate floor yelling sometimes at the top of their lungs about it, this was their plan, which was supported by 45 Democrats including the Democratic leader and Senator KERRY.

In addition, the second Graham-Kennedy plan—as well as the first—did nothing to strengthen and improve the Medicare program.

The Medicare bill we passed last year added new coverage choices and benefits. It addressed provider payments issues to make sure that beneficiaries have access to physicians and hospitals because otherwise a prescription drug benefit—or any benefit for that matter—would be meaningless.

So I think we can clearly see that the Graham-Kennedy proposals were bad medicine.

Mr. President, as I said, it is one thing to tear something down when you have a better plan. But, as you can see, this was their plan.

Their first plan offered a drug benefit that was not a permanent part of Medicare and it had limited drug coverage, a one-size-fits-all benefit—take it or leave it. Their next plan didn't give 70 percent of seniors even basic coverage, it had a huge gap in benefits, and a Medicare low income benefit that wasn't even run by Medicare.

To me, that was unacceptable in 2002 and it's unacceptable today. Instead, last year a bipartisan coalition worked to give beneficiaries a meaningful and permanent Medicare prescription drug benefit and a revitalized Medicare program.

I yield the floor.

THE PRESIDING OFFICER. The time of the Senator has expired.

The Senator from Massachusetts is recognized.

MR. KENNEDY. Madam President, I yield myself 2½ minutes.

I have great affection and respect for the chairman of the Finance Committee, but I just listened to distortion and misrepresentations on the legislation that I cosponsored with my good friend from Florida. The fact is, every

senior group in the United States of America supported our proposal, and they cannot say the same about the Republican proposal.

Why in the world would all the senior groups support our proposal? Because we build on the solemn commitment that was made to the seniors in this country in 1964 and 1965. Lyndon Johnson signed the Medicare bill in 1965, where we guaranteed to every senior citizen good quality health care for the rest of their lives if they paid into the system and played by the rules. We guaranteed hospital care and care by physicians, but we never did it for prescription drugs.

That was the commitment that was made by this Government to the seniors of this Nation. This was a downpayment to meet the commitment Lyndon Johnson made and that every one of us who supported the Medicare Program believes in.

Every day that we fail to provide a real prescription drug program to the seniors is a violation of that commitment. The other side ought to be telling us how we are going to finish that commitment and close the gap for our senior citizens, rather than fly-specking other legislation that has been introduced, which did not have massive giveaways to the HMOs and massive giveaways to the drug companies.

President Bush's Medicare bill is a travesty. That is why it is not being endorsed by the senior citizens of this country.

It is astounding that Republicans think they can defend President Bush's good-for-nothing Medicare bill by attacking the Graham-Miller-Kennedy bill offered more than two years ago. Is especially astounding because that bill—which received a majority of votes in the United States Senate but was blocked by the Republican minority—was so much better than the Bush bill that Republicans passed last year.

Let's look at the record. Our bill provided \$600 billion for prescription drugs for senior citizens, not the \$400 billion in the Bush bill. The Bush priorities are tax cuts for the wealthy. Our priorities are health care for senior citizens.

Under our bill, every dime of the \$600 billion went for prescription drugs. Under the Bush bill, \$139 billion is squandered on windfall profits for the drug companies and \$46 billion on giveaways to HMOs.

Under our bill, senior citizens got a real benefit, not one as full of holes as a Swiss cheese. Under our bill, senior citizens started receiving benefits on the first prescription they fill. Under the Bush bill, seniors have to pay a \$250 deductible before they see a dime's worth of benefits.

Under our bill, seniors citizens had complete coverage. No doughnut holes. No big coverage gaps where seniors must pay the full cost of the drugs they need—or go without. Their bill has a huge coverage gap of almost \$3,000. Once a senior has purchased \$2,250 worth of drugs, they get no bene-

fits until they spend an additional \$2,850. What kind of insurance is that!

Under our bill, senior citizens paid a \$25 a month premium for their coverage—and it was guaranteed. Under the Bush bill, the average premium senior citizens would have to pay was estimated at \$35—but if insurance companies decided to charge more, it could be \$40 or \$50 or \$60 or \$90. There was no guarantee and no limits.

Under our bill, seniors were guaranteed access to any drug they needed—even if it was not on the formulary. Under the Bush bill, if an insurance company decides not to cover a drug the senior citizens needs, the senior citizen is out of luck.

The bottom line is that under the Bush bill, 15 million senior citizens actually will pay more for the drugs they need than they do today. Six million of the poorest of the poor on Medicaid will be forced to pay more out of pocket. Six million more senior citizens will pay more in premiums than they will get in benefits. Three million seniors will lose the good retirement coverage they now enjoy from a former employer and be forced into the inadequate government program the bill creates. Under the Graham-Miller-Kennedy bill, every senior citizen is better off. That is one key reason why every legitimate organization of senior citizens endorsed the Graham-Miller-Kennedy bill, and why the vast majority of senior citizen organizations opposed the Bush bill.

President Bush says in every stump speech that we have a “moral obligation to honor our senior citizens.” He is right about that, but it is typical Bush. Right words, wrong deeds. It is wrong to make 15 million senior citizens worse off with his good-for-nothing Medicare bill. It is wrong to impose the highest premium increase in Medicare's entire history on senior citizens. It is wrong to escalate premiums a whopping 72 percent in just 2 years, so that the average senior—with an income of just \$15,000—has to pay almost \$1,000 in Medicare premiums. It is wrong to tolerate a situation under which, according to the Bush Administration's own estimates, the average 85-year-old will spend more than 40 percent of her Social Security benefits on Medicare premiums and cost-sharing by 2006. It is wrong to give away money to drug companies and HMOs that belongs to senior citizens. It is wrong to try to privatize Medicare and force senior citizens to join HMOs.

George Bush has had 4 years to help senior citizens get the affordable health care Medicare promises. He has failed. Now he wants another chance. He doesn't deserve it.

JOHN KERRY and Democrats in Congress have a better approach. We will repeal and replace the good-for-nothing Bush Medicare bill. We will fight for senior citizens. We will put their interests first, not the interests of big drug companies and HMOs. We will honor our senior citizens with deeds, not just words.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts has 30 seconds remaining.

Mr. KENNEDY. I withhold that.

Mr. GRASSLEY. Mr. President, I ask unanimous consent for 15 seconds.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. REID. Madam President, I ask unanimous consent that 15 seconds also be added for the Senator from Massachusetts.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. GRASSLEY. Madam President, just to remind the Senator from Massachusetts, I was chairman of the committee during this period of time for 4 months—from January until May of 2001. The Democratic Party chaired this committee from June of 2001 through all of the debate on the Medicare issue. I was not in charge of that committee at that time.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. KENNEDY. I yield back my time.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is now closed.

INTELLIGENCE COMMITTEE REORGANIZATION

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of S. Res. 445, which the clerk will report.

The legislative clerk read as follows:

A resolution (S. Res. 445) to eliminate certain restrictions on service of a Senator on the Senate Select Committee on Intelligence.

Pending:

McConnell/Reid/Frist/Daschle Amendment No. 3981, in the nature of a substitute.

The PRESIDING OFFICER. The Senator from Kentucky.

Mr. McCONNELL. Madam President, the reorganization resolution is now the pending business before the Senate. I want to report to our colleagues an agreement that Senator REID and I have reached—he is on the floor as well to discuss the matter—as to how we are going to proceed.

Point No. 1: any amendments will need to be offered. The issue we are dealing with, of course, is sensitive to a number of different committees in the Senate. It is the intention of Senator REID and myself not to have a managers' package. If Members of the Senate feel strongly about a particular amendment, what we recommend to them is they come over to the Senate floor and offer the amendment so that everyone can understand fully what change in the underlying resolution is being proposed.

Senator REID and I have said repeatedly that the underlying resolution is certainly not like the Ten Command-

ments; it should not be adjusted. We cobbled it together as best we could through a series of bipartisan discussions and compromises. Now it is the pending business before the Senate. We expect amendments. We would like amendments. We received notice last night by hotlining that there could be as many as 50 amendments Members may wish to offer. We are open for business, and we would like for Senators to come over and offer those amendments so we can move forward.

I also remind our colleagues that Senator FRIST and Senator DASCHLE and Senator REID and myself did file a cloture motion last night, not to shut anyone out but because we are about to leave on Friday and so many amendments were indicated as possibilities that we felt we needed to nudge the process forward by creating the possibility of an end time tomorrow.

Let me repeat before turning to my friend and colleague, Senator REID, that if Senators have an amendment, please come and offer it, explain it to the rest of the Senate, lay it before the Senate, explain what it is about, and let's have votes and move the process forward as rapidly as we can.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. REID. Madam President, as difficult as this was for us to get to the point where we are now, it is not as if the Senator from Kentucky and the task force just made all this stuff up. Because of 9/11, we created a Department of Homeland Security. We now have a Cabinet-level Secretary of Homeland Security—a former Congressman and Governor—Tom Ridge. There is a Department of Homeland Security, I repeat, of Cabinet status, and because of legislation we passed previously, it has certain obligations within the executive branch of Government. So we had a guideline to follow because that is what Secretary Ridge has been doing in that Department of Homeland Security.

One of the guidelines we had was to try to track that with what will be the organizational prerogatives of the Senate. I believe we have done a pretty good job doing that. As the Senator from Kentucky mentioned, if people think they want to improve upon what we have done, what they need to do is offer an amendment and the body will decide whether that is the right way to do it.

Also, the two leaders have said we are going to finish our work before we leave for the recess prior to the election. That means we are not going to wait around here all day for someone who has a lunch or meeting in their office or a committee hearing. If we go for a period of a half hour, 45 minutes here—and that is an arbitrary number I throw out—and nobody shows up, we are going to move to third reading. We are not going to wait around with the recess, prior to the lameduck session, taking place tomorrow, supposedly. We are not going to wait around here all

night for people to work out their schedules to come here. This is their schedule, the floor of the Senate. This is the primary obligation Senators have. Everyone should know—staffs listening, some Senators listening—if we are waiting around here with nothing to do in a quorum call, Senator McCONNELL and I are going to move to third reading, and we are going to wrap up this resolution.

The PRESIDING OFFICER. The Senator from Kentucky.

Mr. McCONNELL. Madam President, let me also take this opportunity to remind our colleagues what this is all about. The Secretary of Homeland Security and his principal assistants are being dragged around the Capitol continuously. Just this year, there have been 164 hearings, up from 148 last year. There are currently 88 committees or subcommittees in the House and Senate that have at least some part of the Homeland Security Department. Here in the Senate, which we are addressing in this underlying resolution, there are 25 Senate committees or subcommittees that have jurisdiction over the Department of Homeland Security. Secretary Tom Ridge called me on Monday pleading for relief. His job, as important as oversight is, is not to spend all of his time up here.

What we are trying to do in the underlying resolution is to consolidate in one place the jurisdiction over the Department of Homeland Security to simplify oversight for us and to simplify the very necessary process of oversight for the Secretary and his principal assistants.

The resolution is pending. As I said, we are open for business, and we hope to have amendments in the very near future.

Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. BAUCUS. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

AGRICULTURAL DISASTER ASSISTANCE

Mr. BAUCUS. Madam President, at this moment there are several matters pending before the Congress before we recess and/or adjourn. One of them is something that is extremely critical to a lot of people in our country and that is disaster assistance. It is not only the hurricanes in Florida, but it is the droughts farmers and ranchers have faced throughout our country, obviously especially in rural parts of America, and in my State, Montana, quite severely.

Montana has faced a drought, mostly around the southwestern part of our State. There are parts of Montana that are not droughted out. It is precarious. Because of the almost arbitrary patterns of nature, it is hard to know where it is going to rain or where it is